



Gahanna Municipal Golf Course

2014 Twelve Month Membership Application

Gahanna Department of Parks & Recreation
200 S. Hamilton Rd. Gahanna, Ohio 43230
(614) 342-4250

Gahanna Municipal Golf Course
220 Olde Ridenour Rd. Gahanna, Ohio 43230
(614) 342-4270

Parent/Guardian Name First: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Phone 1: _____ Phone 2: _____

Resident Status

Gahanna Res _____

Non-Res _____

Member Information—List all information below. BIRTH DATES MUST BE INCLUDED.

For Each Member: First Name	Last Name	Birth Date	Male/Female

Please Circle Desired Membership Type/Rate:	Gahanna Resident Discount Rate	Standard Rate
SINGLE ADULT	\$357	\$407
COUPLE OR TWO (2) MEMBERS OF IMMEDIATE FAMILY (ADULT)	\$510	\$610
SENIOR CITIZEN (AGE 55 OR OLDER)	\$255	\$305
SENIOR CITIZEN COUPLE (BOTH AGE 55 OR OLDER)	\$408	\$508
JUNIOR (AGES 17 AND UNDER)	\$255	\$305
MIDDAY MEMBERSHIP – INCLUDES UNLIMITED GOLF FROM 9AM – 3PM MONDAY THROUGH FRIDAY (EXCLUDING HOLIDAYS)	\$255	\$305

Please complete both sides of this form.

Memberships are non-refundable and non-transferable.

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How did you hear about our Golf Memberships:

☐ *Renewal* ☐ *Friend* ☐ *Paper* ☐ *Gateway* ☐ *Website*

☐ *Referral, If referred by a member please provide their name* _____

☐ *Other* _____

Liability & Release Waiver: For and in consideration of the opportunity to participate in the above described Gahanna Department of Parks & Recreation Program, I, for myself, my heirs, executors, and administrators, acquit, discharge and covenant to hold harmless the City of Gahanna, its successors, its officers, employees, servants, and agents of and from any and all actions, claims, causes of actions, claims demands, damages, costs, loss of services, expenses and compensations, on or account of or in any way growing out of any and all personal injury or property damage which may result to me as a result of participation in the aforementioned activity. I/We have read and agree to the registration and related department policies, including the right to use my or my child's photograph or image with or without my child's name, both single and in conjunction with other persons or objects for any and all purposes, including, but not limited to, private or public presentations, advertising, publicity and promotions relating thereto.

____ I do not give my permission for photographs to be used.

Participant Signature (Parent/Guardian if participant(s) are under 18)

Date

Memberships are non-refundable and non-transferable.

Payment Method:

☐ Cash

☐ Check

Check Number: _____

☐ Money Order

Money Order Number: _____

Make check or money order payable to: City of Gahanna

☐ Credit Card - Please bill my credit card (circle one): MC Visa Discover *complete below:*

Name of Cardholder

Account Number

Expiration Date

Cardholder Signature: _____ Date: _____